ST ELIZABETHS NURSING HOME

502 ST LAWRENCE

JANESVILLE	53545	Phone: (608) 752-6709		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/33	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No

Number of Beds Set Up and Staffed (12/31/04): 43 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 43 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 43 Average Daily Census: 43

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34.9
Supp. Home Care-Personal Care	No					1 - 4 Years	46.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.7	More Than 4 Years	18.6
Day Services	No	Mental Illness (Org./Psy)	30.2	65 - 74	9.3		
Respite Care	No	Mental Illness (Other)	7.0	75 - 84	30.2		100.0
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	51.2	**********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.7	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	2.3			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	44.2	65 & Over	95.3		
Transportation	No	Cerebrovascular	2.3			RNs	12.0
Referral Service	No	Diabetes	9.3	Gender	%	LPNs	5.2
Other Services	No	Respiratory	4.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	14.0	Aides, & Orderlies	45.9
Mentally Ill	No			Female	86.0		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No			İ	100.0		
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## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	320	26	100.0	167	0	0.0	0	15	100.0	167	0	0.0	0	0	0.0	0	43	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		26	100.0		0	0.0		15	100.0		0	0.0		0	0.0		43	100.0

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Admissions, Discharges, and		Percent Distribution	ı of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	20.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		88.4	11.6	43
Other Nursing Homes	45.8	Dressing	2.3		86.0	11.6	43
Acute Care Hospitals	4.2	Transferring	23.3		55.8	20.9	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.3		72.1	18.6	43
Rehabilitation Hospitals	4.2	Eating	46.5		39.5	14.0	43
Other Locations	25.0	*******	******	*****	********	******	******
Total Number of Admissions	24	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.3	Receiving Resp	iratory Care	11.6
Private Home/No Home Health	4.2	Occ/Freq. Incontinen	it of Bladder	58.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	4.2	Occ/Freq. Incontinen	it of Bowel	37.2	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	İ			Receiving Osto	my Care	9.3
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	9.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	44.2
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	4.2	Skin Care			Other Resident C	haracteristics	
Deaths	87.5	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		11.6	Medications		
(Including Deaths)	24	İ			Receiving Psyc	hoactive Drugs	65.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	Owne		Ownership: Bed Size:			Lic	ensure:		
	This	Non	profit	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	90	Ratio	90	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	92.7	1.08	88.3	1.13	90.5	1.11	88.8	1.13
Current Residents from In-County	97.7	84.6	1.15	78.3	1.25	82.4	1.19	77.4	1.26
Admissions from In-County, Still Residing	62.5	20.5	3.05	28.4	2.20	20.0	3.13	19.4	3.22
Admissions/Average Daily Census	55.8	153.0	0.36	106.8	0.52	156.2	0.36	146.5	0.38
Discharges/Average Daily Census	55.8	153.6	0.36	105.3	0.53	158.4	0.35	148.0	0.38
Discharges To Private Residence/Average Daily Census	4.7	74.7	0.06	34.7	0.13	72.4	0.06	66.9	0.07
Residents Receiving Skilled Care	100	96.9	1.03	95.2	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	95.3	96.0	0.99	95.8	1.00	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	60.5	54.6	1.11	56.6	1.07	62.7	0.97	66.1	0.92
Private Pay Funded Residents	34.9	32.6	1.07	34.0	1.02	23.3	1.50	20.6	1.70
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	37.2	37.4	1.00	41.0	0.91	37.3	1.00	33.6	1.11
General Medical Service Residents	0.0	20.2	0.00	13.6	0.00	20.4	0.00	21.1	0.00
Impaired ADL (Mean)	50.2	50.1	1.00	50.8	0.99	48.8	1.03	49.4	1.02
Psychological Problems	65.1	58.4	1.11	62.7	1.04	59.4	1.10	57.7	1.13
Nursing Care Required (Mean)	10.8	7.0	1.55	7.4	1.45	6.9	1.56	7.4	1.45